

Medical Marijuana Cultivation Supplemental Information

Canopy Size

- Total cultivation canopy area must remain at or under the maximum size allowed by the State under the Medicinal and Adult-Use Cannabis Regulation and Safety Act (22,000 sq. ft.).
 - Boundaries of the cultivation canopy should be clearly defined and identifiable both in written record and at the physical premises.
 - Measurements should be precise and use standard units to determine total square footage.
 - Identify the total square footage of your designated area. Ensure the accuracy of any calculations.
 - No part of any mature flowering plant may extend beyond the boundaries of the designated canopy area.
1. Designate the total square footage of your cultivation canopy area(s). This is not necessarily the maximum canopy size allowed by the tier of license for which you are applying, but the amount of canopy area you intend to produce. If you intend to have multiple canopy area locations, include only the total square footage of the total canopy area here. Total canopy includes, but is not limited to, both vertical and horizontal canopy area.

_____ square feet

2. Check one or more of the following that apply and **attach a detailed diagram of your designated canopy area**. Include specific dimensions, in feet and inches, in the diagram. If you have only a single canopy area, clearly indicate that. If you are designating multiple canopy areas, clearly identify the square footage and dimensions of each area and how it is separated from other canopy areas. Note that if you are designating multiple canopy areas you must separate each area by a physical boundary such as an interior wall. Vertically stacked canopy areas must be identified as such in the detailed diagram submitted by applicants.

I have designated the specific area and dimensions of my newly designated canopy area(s):

- ☐ On my floor plan submitted with the application
- ☐ On an additional document submitted with my application

3. Which license will you be applying for under the Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA)?

- ☐ Type 1A: Specialty Indoor Cultivation; Small- Between 501 and 5,000 sq feet of total canopy
- ☐ Type 2A: Indoor Cultivation; Small- Between 5,001 and 10,000 sq feet of total canopy
- ☐ Type 3A: Indoor Cultivation; Medium- Between 10,001 and 22,000 sq feet of total canopy
- ☐ Type 4: Cultivation; Nursery

Electricity and Water Use Estimates

Record your estimates of electrical usage in kilowatt-hours (kWh). To determine how many kWh a piece of equipment uses, take the following steps:

- Determine the wattage of the device by checking manufacturer specifications
- Multiply this number by the number of hours each month the device will be in use to determine watt-hours.
- Divide each month's watt-hours by 1,000 to determine kWh. Round to three decimal places.
- Repeat this for each piece of equipment and the total amounts for each month.

- Estimates should assume the business is in full production for each month.

Describe all sources of electrical power and the total annual kWh expected to be drawn from each. For example, if the operation uses on-site power generation from a source such as solar panels, document the amount of power you expect to use from that source in addition to any other sources.

Source or utility name	Expected kWh drawn annually	Account # (if applicable)
Total Annual kWh:		

Clearly identify the measurement unit you are using to estimate or report your water usage. If you are using multiple units, you may use additional columns to record that information. If you are using reclaimed water, identify that as a source. If you are utilizing more sources of water than may be included on this form, you may include that information on a separate page submitted with this application.

Estimate the total water used in the production of marijuana by month. If recording estimates for multiple sources, estimate these amounts separately.

Source			
Permit, Account, or other #			
Unit of Measure			
Month and Year			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Totals:			

CERTIFICATION OF LABORATORY TESTING FOR CULTIVATORS

I, _____, certify that my medical marijuana cultivation business will
Applicant (Corporation/LLC/Partnership/Sole Owner)
follow all State and local regulations regarding medical marijuana testing for concentration, pesticides, mold and other contaminants. Until regulatory implementation of the Medicinal and Adult-Use Cannabis Regulation and Safety Act, the business shall send all medical cannabis products cultivated for batch testing to a testing laboratory which operates in compliance with Section 5.90.0120 of the Long Beach Municipal Code. This requires that all medical cannabis be batch tested by an ISO 17025 certified lab that is approved by an accrediting body that is signatory to the International Laboratory Accreditation Cooperation Mutual Recognition Arrangement.

(Signature of Owner/Management Employee)

(Printed Name & Title)

(Date)

(Signature of Owner/Management Employee)

(Printed Name & Title)

(Date)

(Signature of Owner/Management Employee)

(Printed Name & Title)

(Date)